

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Cabinet C2		08-30-01
O.I.P.E. CLASSIFIER	LS	32	8/6
FORMALITY REVIEW	CTH	744	10-1-01
RESPONSE FORMALITY REVIEW	M.H	625	11-13-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
≡	Allowed	I	Interference
—	(Through numeral)...	Canceled	A	Appeal
·	Restricted	O	Objected

Claim		Date
Final	Original	
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
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Claim		Date
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Claim		Date
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**If more than 150 claims or 10 actions
staple additional sheet here**

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